



Disenrollment Assessment Residential Treatment

► ESM Client ID:

Provider ID:

All Questions marked with a ► must be completed

Boxes marked with ★ = Refer to key at end of form

► Disenrollment Date: / /
 MM DD YYYY

► Disenrollment Reason: Select one

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Completed | <input type="checkbox"/> Administrative/non-compliant | <input type="checkbox"/> Against Counselor's Advice | <input type="checkbox"/> Inappropriate |
| <input type="checkbox"/> Drop Out | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Hospitalized, Medical | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Relapsed | <input type="checkbox"/> Transferred to another SA Program | <input type="checkbox"/> Hospitalized, Mental Health New | <input type="checkbox"/> DCF or Guardian
Removed Child |

First Name:

Middle Initial:

Last Name:

Suffix:

► 1. Client Code:

► 2. Intake/Clinician Initials:

► 3. Client Type ☐ Primary ☐ Collateral

► 4. Discharge Plan 1 ☐ Yes 2 ☐ No

► 5a. Referred to Self Help 1 ☐ Yes 2 ☐ No

► 5b. Frequency of attendance at self-help programs in the last 30 days or since admission if in treatment less than 30 days. (e.g. AA, NA) ★

► 6. Client referrals at disenrollment (referral #1 is required, referral #2 & 3 are optional) See manual for what determines a referral.

Referral #1 ★ Referral #2 ★ Referral #3 ★

► 7. Employment status at Disenrollment:
If Unknown, use 99

► 8. Number of days worked in the past 30 days or since
enrollment if in treatment less than thirty 30 days If Unknown use 99

► 9. Number of arrests in the last 30 days or since admission if in treatment less than 30 days. If Unknown, use 99

Collaterals Stop Here

► 10. Indicate the Social or Health Service provided to clients during treatment – While in your Program. (enter a code 0,1,2 or 3 for each category)

0 = Not Provided

1= Provided by Your Agency

2 = Provided by Another Agency

3 = Provided by Both Your Agency and Another Agency

Legal Aid Services (e.g. Assistance with Court Issues)		Medication for Emotional Problems (i.e. Psychotropic Medication)		Literacy Services		Medication for Withdrawal Not comfort meds (e.g. Tylenol)	
Drug Screening (e.g. urine testing)		Housing Perm/trans Housing not Tx		English as a 2 nd Language		TB Testing Not screening or assessment (e.g. a mantoux test is TB testing)	
Treatment for Medical Problems		GED		Job Placement/Referral (e.g. Resume writing instruction)		TB Treatment Medication	
Treatment for Emotional Problems Mental Health not Addiction Issues		Vocational Training (e.g. Nurses' aid certification)		Financial Counseling (e.g. Balance a checkbook)		STD/STI, HIV, Hep C Testing Not screening or assessment	
Nicotine Replacement Therapy (e.g. Patch, Gum)		Family Planning (e.g. Birth Control Education)		Prenatal Care		STD/STI, HIV, Hep C Treatment Medication	
Medication for Medical Problems		Child Care		Post-partum Care Immediately after birth to 1 year		Parenting Classes	

Medication-Assisted Treatment such as methadone, buprenorphine (e.g. Suboxone), injectable naltrexone (e.g. Vivitrol)

11. Currently receiving services from a state agency: <i>Check all that apply.</i>			
<input type="checkbox"/> None	<input type="checkbox"/> MPB: Parole	<input type="checkbox"/> DDS: Dept Developmental Svcs	<input type="checkbox"/> DMA: MassHealth
<input type="checkbox"/> DCF: Dept Children and Families	<input type="checkbox"/> OCP: Probation	<input type="checkbox"/> DPH: e.g HIV, WIC not substance abuse	<input type="checkbox"/> MRC: Mass Rehab Commission
<input type="checkbox"/> DYS: Dept Youth Services	<input type="checkbox"/> DMH: Dept Mental Hlth	<input type="checkbox"/> DTA: food stamps, TANF	<input type="checkbox"/> MCB: Comm for the Blind
12. Living arrangement at Disenrollment: <i>(Check one)</i>			
<input type="checkbox"/> House or apartment	<input type="checkbox"/> Institution	<input type="checkbox"/> Shelter/mission	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Room/boardings or sober house	<input type="checkbox"/> Group home/Treatment	<input type="checkbox"/> On the streets	<input type="checkbox"/> Refused
H1. Was the client homeless at Intake/Enrollment (whether <u>or not</u> chronic) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If the answer to Q H1 is 'Yes', Question H2 and H3 are required. If the answer to H1 is 'No', skip to Question 13</i>			
H2. Detailed living arrangement at Disenrollment <input type="text"/> ★			
H3. Permanence Of living situation at Disenrollment* <input type="checkbox"/> Permanent <input type="checkbox"/> Transitional <input type="checkbox"/> Refused <input type="checkbox"/> Unknown			
13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q 13 is 'No', skip to Q 17</i>			
If the answer to Q. 13 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice. Rank substances by entering the corresponding letter on the next page – letters A-U. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance). (If no secondary or tertiary substance exists, please leave those questions blank.)			
Also, please report Frequency of Use in the last 30 days or since Enrollment if in treatment less than 30 days, and Route of Administration for each substance reported. For these fields, enter corresponding code from list on next page.			
14a. Primary Substance <input type="text"/>	14b. Frequency of Use <input type="text"/>	14c. Route of Administration <input type="text"/>	
15. Did the client use a Secondary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15a. Secondary Substance <input type="text"/>	15b. Frequency of Use <input type="text"/>	15c. Route of Administration <input type="text"/>	
16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
16a. Tertiary Substance <input type="text"/>	16b. Frequency of Use <input type="text"/>	16c. Route of Administration <input type="text"/>	
17a. Did the client use Nicotine/Tobacco since Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <i>If you answered Yes to Q 17a., answer 17b, 17c, and 17d.</i>			
17b. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes): <i>If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 17c.</i> <input type="text"/>			
17c. Interest in stopping nicotine/tobacco use at Disenrollment:			
1 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes, Within 30 days	88 <input type="checkbox"/> Refused	
2 <input type="checkbox"/> Yes, Within 6 Months	4 <input type="checkbox"/> Does Not Apply (already stopped)	99 <input type="checkbox"/> Unknown	
17d. While in this program, did the client attempt to stop using nicotine/tobacco? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown			

Massachusetts Residential Recovery Program - Disenrollment Patient Placement Criteria

► **Section 1: Acute Intoxication and/or Withdrawal Potential**

*Sobriety status is the outcome measure identified under this dimension. A "yes" response on any of these items indicates that the resident is not acutely intoxicated or at risk for physical withdrawal at the point of discharge. A "no" response on any of these indicates that the resident is acutely intoxicated or at risk of a physical withdrawal at the point of discharge and indicates the need of a more intensive level of care. **The resident is not acutely intoxicated or at risk of physical withdrawal as evidenced by AT LEAST ONE of the following:***

	YES	NO	N/A
1a. Clean Urine Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Stable Vital Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Staff Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Self report of no recent drug/alcohol abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► **Section 2: Biomedical Stabilization**

Answer all items in this section. Positive steps taken to improve health status is the outcome measure identified under this dimension. Any "no" response on the first 2 items indicates the need for a more intensive level of care. Starred () items indicate steps taken by the resident to address personal healthcare up to and including the point of discharge*

	YES	NO	N/A
2a. The Resident's biomedical condition is sufficiently stable as evidenced by the ability to participate in the essential components of a residential substance abuse program, AND*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. The resident is demonstrating responsibility in matters of personal health care and is complying with the prescribed course(s) of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviors consistent with biomedical stabilization may include the following outcome measures:			
*2-1. Resident has a primary care clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*2-2. Resident has addressed necessary medical/health concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*2-3. Resident has begun the practice of health promotion activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*2-4. Resident has participated in health education groups, such as HIV education, smoking cessation, nutrition, stress management, prenatal/postpartum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► **Section 3: Behavioral Stabilization**

Answer all questions in this section. Engaging in behaviors that are consistent with recovery goals is the outcome measure identified under this dimension. Any "no" response in the following 4 items indicates the need for a more intensive level of care that will address behavior issues. Starred () items indicate behavior change up to and including the point of disenrollment. **The resident's behavioral conditions, and the achievement of recovery goals have been evidenced by the following:***

	YES	NO	N/A
3a. Resident has complied with the rules of the program AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Resident has progressed in achieving goals established in the treatment/service plan, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Resident has changed behaviors in response to corrective action measures, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Resident has demonstrated recovery based social functioning with community, staff, and peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviors consistent with behavioral stabilization may include the following outcome measures:			
*3-1. Abstained from illicit and non-prescribed drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*3-2. Abstained from illegal behavior (not including drug use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*3-3. Addressed pending legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*3-4. Addressed bad debts and/or financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*3-5. Changed other behavior in compliance with treatment/service plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>► Section 4: Treatment Acceptance/Resistance</p> <p><i>Any "no" response in this section indicates that the client does not accept treatment and provides documentation that the resident is no longer appropriate for placement in a Residential Recovery Program.</i></p>			
	YES	NO	N/A
4a. The resident has participated in a recovery home environment that promotes recovery through peer interaction, counseling, and educational forums, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. The resident has made the behavioral changes necessary for recovery as indicated in the treatment/service plan, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. The resident has followed the rules and policies of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>► Section 5: Relapse Potential</p> <p><i>Answer all items in this section. Adoption of behaviors likely to reduce relapse potential are the outcome measures under this dimension. Any "yes" response in the following 2 items indicates that relapse potential has been reduced in the Residential Recovery Home setting and the need for a structured residential program to address relapse potential has been eliminated. Starred (*) items that indicate behaviors that change on the part of the resident at the point of discharge. The resident relapse potential has been reduced by participants in residential treatment as evidenced by:</i></p>			
	YES	NO	N/A
5a. Identification of relapse triggers, AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. The development of alternative coping skills necessary to maintain recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviors consistent with a reduction in relapse potential may include one or more of the following:			
*5-1. Membership in 12-step or other self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5-2. Relaxation and/or meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5-3. Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5-4. Religious/spiritual/faith community activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5-5. Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5-6. Relapse prevention group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*5-7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>► Section 6: Recovery Environment</p> <p><i>Employment status, recovery supports, housing, and a safe post-discharge environment are the outcome measures identified under this dimension. Starred (*) items indicate the impact of the residential program on the development of a positive recovery environment.</i></p>			
	YES	NO	N/A
6a. The resident has increased recovery potential by participating in planning for the development of a post-discharge occupation or activities in which recovery is supported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. The resident has increased recovery potential by participating in the development of plans for the development of a support network in the treatment programs and the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behaviors consistent with the development of a support network may include one or more of the following:			
	YES	NO	N/A
*6b-1. Involvement in the 12-step community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-2. Involvement in other self help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-3. Involvement in Smart Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-4. Involvement in women for sobriety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-5. Support of family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-6. Moving into a 3/4 residential graduate program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-7. Moving into sober/supportive housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-8. Attending, or scheduled to attend outpatient counseling, methadone, or acupuncture treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-9. Involvement with alumni group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-10. Involvement with religious/spiritual/faith activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*6b-11. Involvement in an environment that supports recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. The resident has increased recovery potential by participating in the development of plans for a safe post-discharge environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviors consistent with development of a safe post-discharge environment may include ONE of the following:			
Living with family and/or independent housing	<input type="checkbox"/>		
Arrangements completed for cooperative housing	<input type="checkbox"/>		
Moving into 3/4 residential graduate program	<input type="checkbox"/>		
Moving into sober/supportive housing	<input type="checkbox"/>		
Arrangements completed for shelter	<input type="checkbox"/>		
Acceptance to live-in school	<input type="checkbox"/>		
Arrangements completed for another treatment environment	<input type="checkbox"/>		
Client walked away from program	<input type="checkbox"/>		
Medical hospitalization transfer	<input type="checkbox"/>		
Psychiatric hospital transfer	<input type="checkbox"/>		
Incarcerated	<input type="checkbox"/>		
Died	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		

★ Q 5b Frequency of Attendance at Self-Help Programs					
Code		Code		Code	
01	No attendance in the past month	05	16-30 times in past month (4 or more times per wk)		
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown		
03	4-7 times in past month (about once per week)	99	Unknown		
04	8-15 times in past month (2 or 3 times per week)				

★ Q 6. Referral at Disenrollment					
Code		Code		Code	
00	Change Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	20	Change Health Care Professional, Hospital		67 Discontinued
95	New Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place	21	Emergency Room	68	Office of the Commissioner of Probation
96	Change Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place	22	HIV/AIDS Program		
97	Referral Not made – Client Dropped Out	23	Needle Exchange Program	69	Massachusetts Parole Board
98	Referral Attempted – Not Wanted by Client		24 through 25 Discontinued	70	Dept. of Youth Services
01	Self, Family, Non-medical Professional	26	New Mental Health Care Professional	71	Dept. of Children and Families
02	BMC Central Intake/Room 5		27 through 29 Discontinued	72	Dept. of Mental Health
			School Personnel, School System/College	73	Dept. of Developmental Services
03	ATS/Detox	30			
04	Transitional Support Services/TSS	31	New Recovery High School	74	Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		32-39 Discontinued	75	Dept. of Transitional Assistance
06	Residential Treatment	40	Supervisor/employee Counselor	76	Dept. of Early Education and Care
07	Outpatient SA Counseling		41 through 49 Discontinued	77	Mass. Rehab. Commission
08	Opioid Treatment	50	Shelter	78	Mass. Commission for the Blind
09	Drunk Driving Program	51	Community or Religious Organization	79	Mass. Comm. For Deaf & Hard of Hearing
10	Acupuncture		52 through 58 Discontinued	80	Other State Agency
11	Gambling Program	59	Drug Court	81	Division of Medical Assistance/MassHealth
	12 & 13 Discontinued		60– 63 Discontinued		
14	Sober House	64	Prerelease, Legal Aid, Police	99	Unknown
	15 Discontinued		65-66 Discontinued		
16	New Recovery Support Center				
17	Second Offender Aftercare				
18	Family Intervention Programs				
19	Other Substance Abuse Treatment				
19	Other Substance Abuse Treatment				

★ Q.7 Employment Status at Disenrollment					
Code		Code		Code	
1	Working Full Time	6	Not in Labor Force - Retired	11	Volunteer
2	Working Part time	7	Not in Labor Force - Disabled	12	Other
3	Unemployed - Looking	8	Not in Labor Force - Homemaker	13	Maternity/Family Leave
4	Unemployed-Not Looking	9	Not in Labor Force- Other		
5	Not in Labor Force-Student	10	Not in Labor Force- Incarcerated	99	Unknown

★ H2. Detailed Living Arrangement at Discharge					
1	Emergency Shelter	10	Rental room/house/apartment		
2	Transitional Housing for Homeless	11	Apartment or House that you own.		
3	Permanent housing for formerly homeless	12	Living With Family		
4	Psychiatric Hospital or Facility	13	Living With Friends		
5	Substance abuse/detox center	14	Hotel/Motel: no emergency shelter voucher		
6	Hospital	15	Foster care/group home		
7	Jail; Prison or Juvenile Facility	16	Place not meant for habitation		
8	Don't know	17	Other		
9	Refused				

★ Questions 14a – 16c					
★ Primary/Secondary/Tertiary Substance Codes			★ Frequency of Use		
A	Alcohol	K	Other Amphetamines	1	No use during last 30 days or since enrollment
B	Cocaine	L	Other Stimulants	2	1-3 times during last 30 days or since enrollment
C	Crack	M	Benzodiazepines	3	1-2 times per week during last 30 days or since enrollment
D	Marijuana / Hashish	N	Other Tranquilizers	4	3-6 times per week during last 30 days or since enrollment
E	Heroin	O	Barbiturates	5	Daily use during the last 30 days or since enrollment
F	Prescribed Opiates	P	Other Sedatives / Hypnotics	99	Unknown
G	Non-prescribed Opiates	Q	Inhalants	★ Route of Administration	
H	PCP	R	Over the Counter	1	Oral (swallow and/or chewing)
I	Other Hallucinogens	S	Club Drugs	2	Smoking
J	Methamphetamine	U	Other	3	Inhalation
				4	Injection
				5	Other